

Iowa Prescription Monitoring Program Advisory Council Meeting Notes

Subject	PMP Advisory Council	Date	July 11, 2019
Facilitator	Jennifer Tiffany, PMP Associate Director	Called to Order: 9:00 a.m. Dismissal: 12:25 p.m.	
PMP Advisory Council Members Present			
Alan Shepley, R.Ph., Dr. Anthony Miller, Gloria Bernstein, R.Ph., Dr. Matt Arnold, PharmD, Dr. Julia Johnson, Dr. Tracy Mixdorf			
Staff Members Present			
Jennifer Tiffany, Prescription Monitoring Program Associate Director, Andrew Funk, Executive Director, Laura Steffensmeier, Esq., Assistant Attorney General, Therese Witkowski, Executive Officer, Catherine Lillehoj, Performance Analyst, Sharon Smith, Clerk Specialist			
7/11/2019 Meeting Summary			
No.	Agenda Topic	Highlights	
1.	Approval of Minutes	▪ Minutes from 10/08/2018 PMP Advisory Council Meeting were approved.	
2.	2018 Annual Report	▪ Review of 2018 Annual Report.	
3.	Rules and Legislation	<ul style="list-style-type: none"> ▪ Review of rules changes to IAC 657-Chapter 37. ▪ Board of Pharmacy Bill <ul style="list-style-type: none"> - Rescheduling of all Butalbital products to schedule III became effective June 26, 2019. - Annual Report due date will remain January 1st. ▪ Legislative Pursuits <ul style="list-style-type: none"> - Council members agreed to continue pursuing reporting of schedule V and identifying drugs of concern to be reported including Promethazine with Codeine and Lyrica. <ul style="list-style-type: none"> ○ Interest was expressed in obtaining overdose death data from states currently reporting drugs of concern. Representatives from Appriss Health indicated that they could, with these states' permission, compile that data for the Advisory Council's review. ▪ Representatives for MercyOne Population Health Initiatives (PHI) presented their request for direct access to the PMP, currently not allowed by Iowa Code 124 and Chapter 37 of Board Rules. <ul style="list-style-type: none"> - Council members agreed at this time to deny access to MercyOne PHI but may consider allowing access in the future to researchers for study. ▪ Indiscriminate Prescribing – Unsolicited Reports <ul style="list-style-type: none"> - Information was requested from other states who may be identifying and communicating with outlying prescribers. - Council members discussed identifying outlying prescribers and sending a letter to them asking for justification of their prescribing practices but would like to revisit this topic at the next meeting after considering what metrics should be used to identify these prescribers. At that point, the Prescriber Activity Reports will have been disseminated to prescribers for a full year. 	
4.	Proactive Notifications	<ul style="list-style-type: none"> ▪ The first round of notifications was sent on May 30, 2019. Notifications will continue to be delivered every 60 days for patients who meet or exceed the 4-4-60 threshold; 4 or more prescribers AND 4 or more pharmacies within 60 days. Patients who met or exceeded these thresholds but appeared to be hospice or palliative care patients were manually reviewed and removed. 	

5.	Prescriber Activity Reports (PARs)	<ul style="list-style-type: none"> ▪ The first round of PARs was sent on January 30, 2019 to 6,018 individual prescribers who wrote at least one opioid prescription during that time period. The second round of PARs was sent on May 14, 2019 to 8,529 individual prescribers who wrote at least one controlled substance schedule II-IV prescription during that time period. <ul style="list-style-type: none"> - Appriss Health is working on simplifying the PAR to show progression over time rather than a quarterly comparison.
6.	Naloxone Reporting	<ul style="list-style-type: none"> ▪ EMS Programs and first responders are currently reporting Naloxone administrations to the Iowa Department of Public Health which will appear in the PMP patient profile as an Additional Risk Indicator. Pharmacies are reporting Naloxone dispensations to the PMP under the patient's name. <ul style="list-style-type: none"> - Council members would like to see the PAR indicate how many, of the prescriber's patients that were prescribed an opioid, were also administered Naloxone during that time period.
7.	Interoperability	<ul style="list-style-type: none"> ▪ Iowa is now sharing data via PMP Interconnect with 21 states and the Military Health System. <ul style="list-style-type: none"> - Nebraska's code has recently changed to allow data sharing with other states. - Council members would like to pursue data sharing with Missouri, Indiana, Florida, and Michigan.
8.	Integrations	<ul style="list-style-type: none"> ▪ Walgreens integrated with the PMP on June 27, 2019.
9.	Delinquent Reporters	<ul style="list-style-type: none"> ▪ There is not a formal process in place for notifying delinquent pharmacies. <ul style="list-style-type: none"> - Council members agreed that after two notifications, delivered thirty days apart, an investigation should be opened if the pharmacy is still non-compliant.
10.	Federal Grant Updates	<ul style="list-style-type: none"> ▪ The CDC 1904 Overdose Data to Action grant proposal was submitted recently. If awarded, grant money will be used for statewide trainings and PMP integrations.
11.	IDPH/BOP Survey	<ul style="list-style-type: none"> ▪ Four thousand individuals responded to a survey that was recently sent to PMP-registered prescribers, pharmacists, and delegates. <ul style="list-style-type: none"> - Respondents indicated that the PAR was the most helpful feature of the PMP and the Narx Score the least helpful.
12.	Future Meetings	<ul style="list-style-type: none"> ▪ The next meeting is tentatively scheduled for January 2020 on a Friday.